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55962 7590 03/15/2007

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/784,511	02/23/2004	Rassoll Rashidi	OB-045500US/82410-0069	1504

TITLE OF INVENTION: ELECTROPHYSIOLOGY/ABLATION CATHETER HAVING DEFLECTION ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/15/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
COHEN, LEE S	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> 1 Wiley Rein LLP <input type="checkbox"/> 2 _____ <input type="checkbox"/> 3 _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Jude Medical, Atrial Fibrillation Division, Inc. Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
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Date 12 June 2007

Typed or printed name Reed R. Heimbecher

Registration No. 36353

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